


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000002122 1. Entity Name LINDA COX, M.D., P.A.					
Principal Place of Business 5333 N DIXIE HWY #210 FT LAUDERDALE FL 33334			Mailing Address 5333 N DIXIE HWY #210 FT LAUDERDALE FL 33334		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0366039	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
COX, LINDA 5333 N DIXIE HWY #210 FT LAUDERDALE FL 33334				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) <small>Signature typed or printed name of registered agent and title (if applicable)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, LINDA S MD	NAME			
STREET ADDRESS	5802 N. FLAGLER DR	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33407	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	000000817531 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/08-80006-013 150.00		
NAME	WOLFGAM, ROBERT L	NAME			
STREET ADDRESS	5333 N DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33334	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
1/31/08 9547710928

Daytime Phone #